

~~CONFIDENTIAL~~

(b)(3)

(b)(1)

(When filled in)

INSTRUCTIONS: COMPLETE IN DUPLICATE. THE DATA RECORDED ON THIS FORM IS ESSENTIAL IN DETERMINING TRAVEL EXPENSES ALLOWABLE IN CONNECTION WITH LEAVE AT GOVERNMENT EXPENSE, OVERSEAS DUTY, RETURN TO RESIDENCE UPON SEPARATION, AND FOR PROVIDING CURRENT RESIDENCE AND DEPENDENCY INFORMATION REQUIRED IN THE EVENT OF AN EMPLOYEE EMERGENCY. THE ORIGINAL OF THIS FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

NAME OF EMPLOYEE HARVEY	(Last) William	(First) King	(Middle)
1. RESIDENCE DATA			
PLACE OF RESIDENCE WHEN APPOINTED Indianapolis, Indiana	LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad) —		
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE Indianapolis, Indiana			
2. MARITAL STATUS			
CHECK (X) ONE: <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED			
IF MARRIED, INDICATE PLACE OF MARRIAGE Flemingsburg, Kentucky (first marriage)	DATE OF MARRIAGE 2 Feb 1954		
IF DIVORCED, PLACE OF DIVORCE DECREE Flemingsburg, Kentucky (first marriage)	DATE OF DECREE 16 Jan 1954		
IF WIDOWED, INDICATE PLACE SPOUSE DIED —	DATE SPOUSE DIED —		
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S) Elizabeth McIntire. Terminated by divorce 16 January 1954.			
3. MEMBERS OF FAMILY			
NAME OF SPOUSE Clara G. Harvey	ADDRESS (No., Street, City, Zone, State) Same as undersigned	TELEPHONE NUMBER —	
NAMES OF CHILDREN James Drenan Harvey (28 Dec 47) Sally Josephine Harvey (10 Aug 58)	ADDRESS Same as undersigned # # #	SEX M	AGE 11
NAME OF FATHER (Or male guardian) Drenan R. Harvey	ADDRESS Deceased	TELEPHONE NUMBER	
NAME OF MOTHER (Or female guardian) Sara K. Harvey	ADDRESS 1615 Northwood Drive, Indianapolis, Ind. —	TELEPHONE NUMBER	
WHAT MEMBER(S) OF YOUR FAMILY HAS BEEN TOLD OF YOUR AFFILIATION WITH THE AGENCY FOR EMERGENCY PURPOSES? Wife, mother, and my uncle, Robert H. King, Lebanonhill Road, RFD, Danville, Ind.			
4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			
NAME (Mr., Mrs., Miss.) (Last-First-Middle) Wife - Harvey, Clara Grace	RELATIONSHIP Wife		
HOME ADDRESS (No., Street, City, Zone, State) Same as undersigned	HOME TELEPHONE NUMBER same as undersigned		
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE —	BUSINESS TELEPHONE & EXTENSION —		
IS THE INDIVIDUAL NAMED ABOVE WITNESS OF YOUR AGENCY AFFILIATION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
THE PERSONS NAMED IN ITEM 3 ABOVE MAY ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.			
5. VOLUNTARY ENTRIES			
INDICATE ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS National Bank of Washington, Washington APPROVED FOR RELEASE <input type="checkbox"/> DATE: 08-20-2009 Bank of Silver Spring, Silver Spring, Maryland			
CONTINUED ON REVERSE SIDE			
CURRENT RESIDENCE AND DEPENDENCY REPORT			

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5. (CONTINUED)

IN WHOSE NAME(S) ARE THE ACCOUNTS LISTED?

Self and wife.

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? YES NO IF "YES", WHERE IS DOCUMENT LOCATED?

Safety Deposit Box, c/o Mrs. Sara K. Harvey (mother)
Indianapolis, Indiana

HAVE YOU EXECUTED A POWER OF ATTORNEY? YES NO IF "YES", WHO POSSESSES THE POWER OF ATTORNEY?

Mrs. Clara Grace Harvey (wife)

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

To include additional dependents: Sally Josephine Harvey
born 10 August 1958

No objection to advising individuals listed in Item 3.

SIGNED AT

DATE

25 August 1959

SIGNATURE

Williams M Harvey

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